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OFFICE USE ONLY Amended Date OFFICE USE ONLY Amended Date OFFICE USE ONLY Amended Date OFFICE USE ONLY Amended Date

ROGER	to a Local Municipality or Community Board
1. Date Notice was Sent:	9/07/2018 1a. Delivered by: Certified Mail Return Receipt Requested
2. Select the type of Applicat	tion that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
New Application (Renewal Alteration Corporate Change Removal Class Change Method of Operation Change
For Alteration application For Corporate Change For Removal applicant For Class Change applicant	nswer each question below using all information known to date ts, answer all questions nts, attach a complete written description and diagrams depicting the proposed alteration(s) e applicants, attach a list of the current and proposed corporate principals ts, attach a statement of your current and proposed addresses with the reason(s) for the relocation icants, attach a statement detailing your current license type and your proposed license type tion Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes
This 30-Day Advance Noti	ice is Being Provided to the Clerk of the Following Local Municipality or Community Board:
3. Name of Municipality or Co	Manhattan Community Board 3
Applicant/Licensee Inform	
4. Licensee Serial Number (if	applicable): Expiration Date (if applicable):
5. Applicant or Licensee Name	Expiration Date (il applicable):
i. Trade Name (if any):	Outribe Faithership inc.
. Street Address of Establish	
	ozo zastotn onegi
	w York , NY Zip Code: 10003
Business Telephone Numbe	er of Applicant/Licensee: (212) 674-8881
0. Business E-mail of Applicar	nt/Licensee:
1. Type(s) of alcohol sold or t	o be sold: Beer & Cider
2. Extent of Food Service:	Seer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider
Full food menu; full kit	tchen run by a chef or cook O Menu meets legal minimum food availability requirements; food prep area at minimum
3. Type of Establishment:	estaurant (full kitchen and full menu required)
	sataurant (ruil kitchen and full menu required)
I. Method of Operation: [(check all that apply)	Seasonal Establishment Juke Box Disc Jockey 📝 Recorded Music Karaoke
	Live Music (give details i.e., rock bands, acoustic, Jazz, etc.):
	Patron Dancing C Employee Day is the second of the second
	Video/Arcade Games Third Party Promoters Geourity Personnel
	Other (specify):
Licensed Outdoor Area: (check all that apply)	None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
	Sidewalk Cafe Other (specify):

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	Original (OFFICE Amended	USE ON Date			ا (محد
	0) runchaea	Date	7 - 7 tes		
16. List the floor(s) of the building that	at the establishment	is located and id				
17. List the room number(s) the estab						
18. Is the premises located within 500						
 19. Will the license holder or a manag 	er be physically prese	ent within the esta	blishment	during all hours of	Operation?	Yes O No
20. If this is a transfer application (an e	existing licensed busin	ness is being nurch	seed) nee	المالية	9	
		Tem g para	iaseu, pro	vide the name and	serial number of the	licensee:
71 December 2 of the second	Name		_		Serial Number	
21. Does the applicant or licensee own	the building in which	the establishmen	t is locate	d? OYes (if YE	S, SKIP 23-26)	No
	D					
22 8-31 8	Owner of the Build	ling in Which the	License	d Establishment	is Located	
The second secon	than Ahmed					
23. Bullding Owner's Street Address:	328 East 6th S	Street				
24. City, Town or Village: New Yor	k		State	: NY		
25. Business Telephone Number of Build				INT	Zip C	ode: 10003
Repre Application 26. Representative/Attorney's Full Name	sentative or Attorn for a License to Tra : James Wan	and in records a	g the App t the Est	plicant in Connect ablishment Ident	tion with the ified in this Notice	
27. Representative/Attorney's Street Add						
8. City, Town or Village: New York		4th Avenue				
			State:	NY	Zip Coo	de: 11357
9. Business Telephone Number of Repre		(212) 219-3	3070			n = "
D. Business E-mail Address of Representa	itive/Attorney: j.y.	.wang.ny@g	mail.co	om		
I am the applicant or I Representations in this fo the Authority when grai upon, and that false re By my signature, I aff	nting the license. In presentations may	understand that result in disappr	represent roval of ti	riade in submitte Itations made in t he application or	d documents relied this form will also be revocation of the li-	upon by e relied cense
				resentations mad	ie in this form are t	rue.
Printed Principal Name: Nallapp	arumage Raj I	ndren Perera	7	itle: presiden	•	n.
				[Fig9106U]		
Principal Signature:	John Marie Control					
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